

GIC Health Plan Rates – Monthly Rates as of July 1, 2010

For THE TOWN OF HOPEDALE ENROLLEES



Active Employees, Retirees, and Survivors *WITHOUT* MEDICARE

Includes 0.33% Administrative Fee



	Employee and Non-Medicare Retiree/Survivor Pays Monthly %	Employee and Non-Medicare Retiree/Survivor Pays Monthly \$	Employee and Non-Medicare Retiree/Survivor Pays Monthly \$
HEALTH PLAN		Individual Coverage	Family Coverage
Fallon Community Health Plan Direct Care	18%	\$ 74.92	\$179.81
Fallon Community Health Plan Select Care	18%	89.87	215.68
Harvard Pilgrim Independence Plan	18%	108.90	266.00
Harvard Pilgrim Primary Choice Plan	18%	86.43	211.11
Health New England	18%	74.77	185.34
NHP Care (<i>Neighborhood Health Plan</i>)	18%	74.68	197.90
Tufts Health Plan Navigator	18%	104.72	254.28
Tufts Health Plan Spirit	18%	83.12	201.81
UniCare State Indemnity Plan/Basic <i>with</i> CIC (<i>Comprehensive</i>)	35%	282.28	659.04
UniCare State Indemnity Plan/Basic <i>without</i> CIC (<i>Non-Comprehensive</i>)	35%	269.27	628.87
UniCare State Indemnity Plan/Community Choice	18%	73.43	176.24
UniCare State Indemnity Plan/PLUS	18%	101.31	241.78

Retirees and Survivors *WITH* MEDICARE

	Retiree and Survivor Retiree/Survivor Pays Monthly Per Person	
HEALTH PLAN	%	\$
Fallon Senior Plan*	18%	\$ 40.72
Harvard Pilgrim Medicare Enhance	35%	132.81
Health New England MedPlus	18%	65.40
Tufts Health Plan Medicare Complement	18%	63.34
Tufts Health Plan Medicare Preferred*	18%	40.18
UniCare State Indemnity Plan/Medicare Extension (OME) <i>with</i> CIC (<i>Comprehensive</i>)	35%	127.14
UniCare State Indemnity Plan/Medicare Extension (OME) <i>without</i> CIC (<i>Non-Comprehensive</i>)	35%	123.40

* Rates are subject to federal approval and may change January 1, 2011.

Rates are Calculated by the Town of Hopedale Benefits Office.

Rate questions? Call: Town of Hopedale Benefits Office at 508.634.2203 ext. 211